

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34027
 Name: CEP Mid-Continent LLC
 Address 1: 15 West Sixth Street, Suite 1400
 Address 2: _____
 City: Tulsa State: OK Zip: 74119 + 5415
 Contact Person: David F. Spitz, Engineering Manager
 Phone: (918) 877-2912, ext. 309
 CONTRACTOR: License # 34126 / 33821
 Name: Smith Oilfield Svcs. (vert. to KOP) / Pense Bros. Drlg. Co. (horiz. section)
 Wellsite Geologist: Rodney Tate
 Purchaser: CEP Mid-Continent LLC
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other Horizontal drill
 (Core, WSW, Expl., Cathodic, etc.)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: 09-CONS-065-CHOR
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

| | | |
|-----------------------------------|-----------------|---|
| <u>2-3-09</u> | <u>2-9-09</u> | <u>3-18-09</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

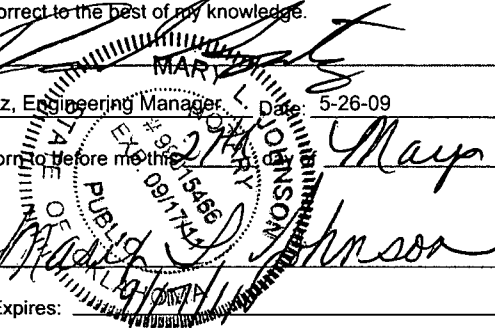
API No. 15 - 125-31841-01-00
 Spot Description: _____
 _____ SE SW NW Sec. 32 Twp. 32 S. R. 17 East West
2,510 Feet from North / South Line of Section
1,247 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Montgomery
 Lease Name: KNISLEY Well #: 32-3
 Field Name: Coffeyville-Cherryvale
 Producing Formation: Weir-Pittsburg Coal
 Elevation: Ground: 813' Kelly Bushing: _____
 Total Depth: 766' TVD Plug Back Total Depth: 2,284' (MD=2,321')
 Amount of Surface Pipe Set and Cemented at: 42 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 875'
 feet depth to: surface w/ 90 ATZ-Dlg-6/25/09 sx crht

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
 Title: David F. Spitz, Engineering Manager Date: 5-26-09
 Subscribed and sworn to before me this _____ day of _____, 2009.
 Notary Public: _____
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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 MAY 28 2009

Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 32-3
 Sec. 32 Twp. 32 S. R. 17 East West County: Montgomery

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Epithermal Neutron Pel Density, Dual Induction Resistivity, Gamma Ray | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Name</th> <th style="width:15%;">Top</th> <th style="width:15%;">Datum</th> </tr> <tr> <td>Little Osage Shale</td> <td>518'</td> <td>295'</td> </tr> <tr> <td>Oswego Limestone</td> <td>522'</td> <td>291'</td> </tr> <tr> <td>Mulky Shale</td> <td>542'</td> <td>271'</td> </tr> <tr> <td>Iron Post Coal</td> <td>559'</td> <td>254'</td> </tr> <tr> <td>Weir-Pittsburg Coal</td> <td>778'</td> <td>35'</td> </tr> </table> | Name | Top | Datum | Little Osage Shale | 518' | 295' | Oswego Limestone | 522' | 291' | Mulky Shale | 542' | 271' | Iron Post Coal | 559' | 254' | Weir-Pittsburg Coal | 778' | 35' |
|--|---|-------|-----|-------|--------------------|------|------|------------------|------|------|-------------|------|------|----------------|------|------|---------------------|------|-----|
| Name | Top | Datum | | | | | | | | | | | | | | | | | |
| Little Osage Shale | 518' | 295' | | | | | | | | | | | | | | | | | |
| Oswego Limestone | 522' | 291' | | | | | | | | | | | | | | | | | |
| Mulky Shale | 542' | 271' | | | | | | | | | | | | | | | | | |
| Iron Post Coal | 559' | 254' | | | | | | | | | | | | | | | | | |
| Weir-Pittsburg Coal | 778' | 35' | | | | | | | | | | | | | | | | | |

| CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| Surface | 11" | 8-5/8" | 20# | 42' MD | Class "A" | 10 | Neat |
| Production | 6-3/4" | 4-1/2" | 10.5# | 940.7' MD | Class "A" | 90 | 80#Phenol, 350# gel, 900# Kohl, |
| Pre-perf. & Tapered Liner | | 3-1/2" | 9.3# | 2284.2' MD | | | 700# salt, 100# metso, 23# diace |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | None | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|---|--------------|---|--------------------|--|
| TUBING RECORD: | Size: 2-3/8" | Set At: 983' | Packer At: 875.05' | Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. 3-18-09 | | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil Bbls. 0 | Gas Mcf 159* | Water Bbls. 100* | Gas-Oil Ratio (*as of 5-22-09) |

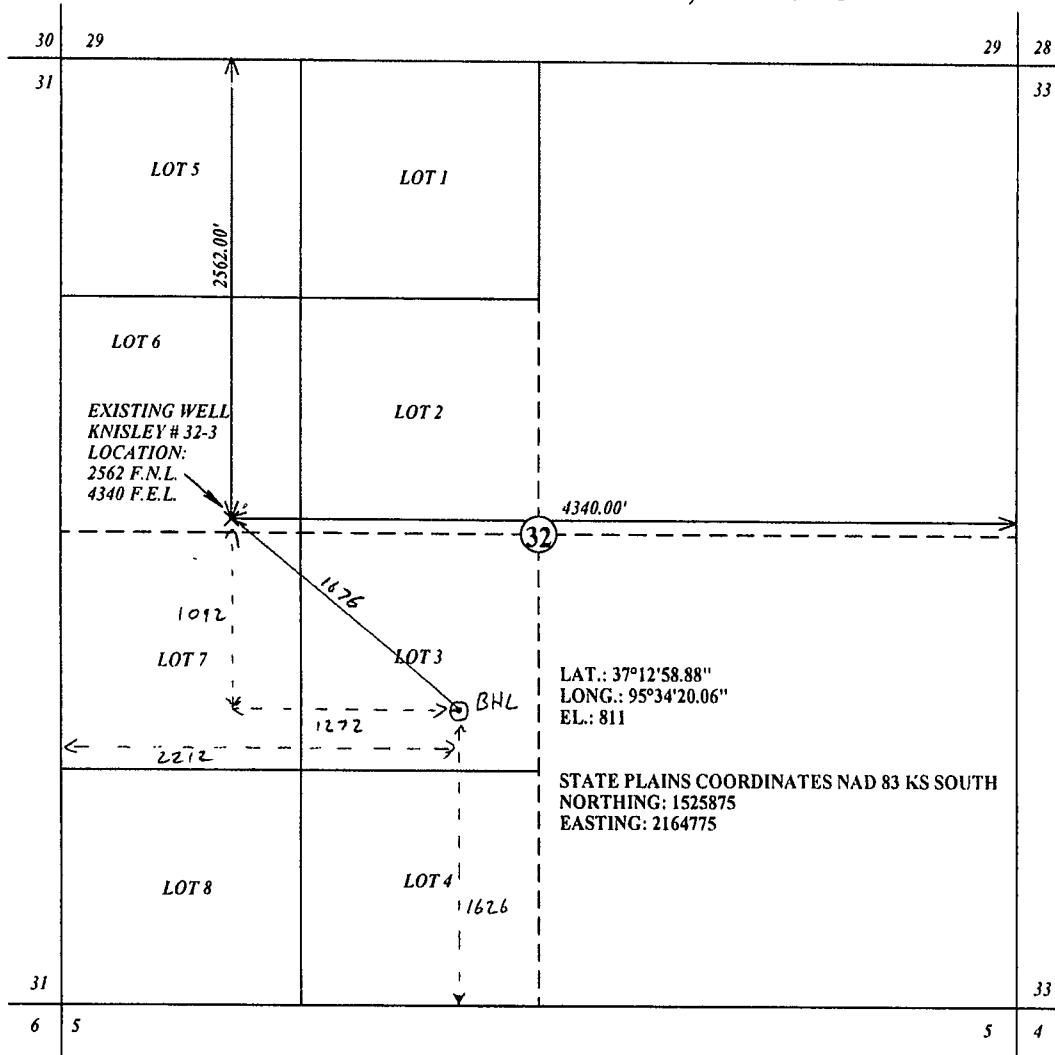
| | | |
|---|---|---|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Horizontal well</u> | PRODUCTION INTERVAL: _____ _____ |
|---|---|---|

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WELL LOCATION NON-STANDARD SECTION 32, T-33-S, R-17-E, P.M. MONTGOMERY COUNTY, KANSAS




LAT.: 37°12'58.88"
LONG.: 95°34'20.06"
EL.: 811

STATE PLAINS COORDINATES NAD 83 KS SOUTH
NORTHING: 1525875
EASTING: 2164775

This well location represents a well site and does not represent a boundary survey. This site was located in accordance with the Laws of the State of Kansas and this sketch shows the results of this well location. This well location has been very carefully located on the ground according to the latest survey records, maps and topos available to us, but its accuracy is not guaranteed. Review this well location and notify Commercial Land Surveys, Inc., immediately of any discrepancy.

SCALE 1" = 1000'

1/16" = 66.8'

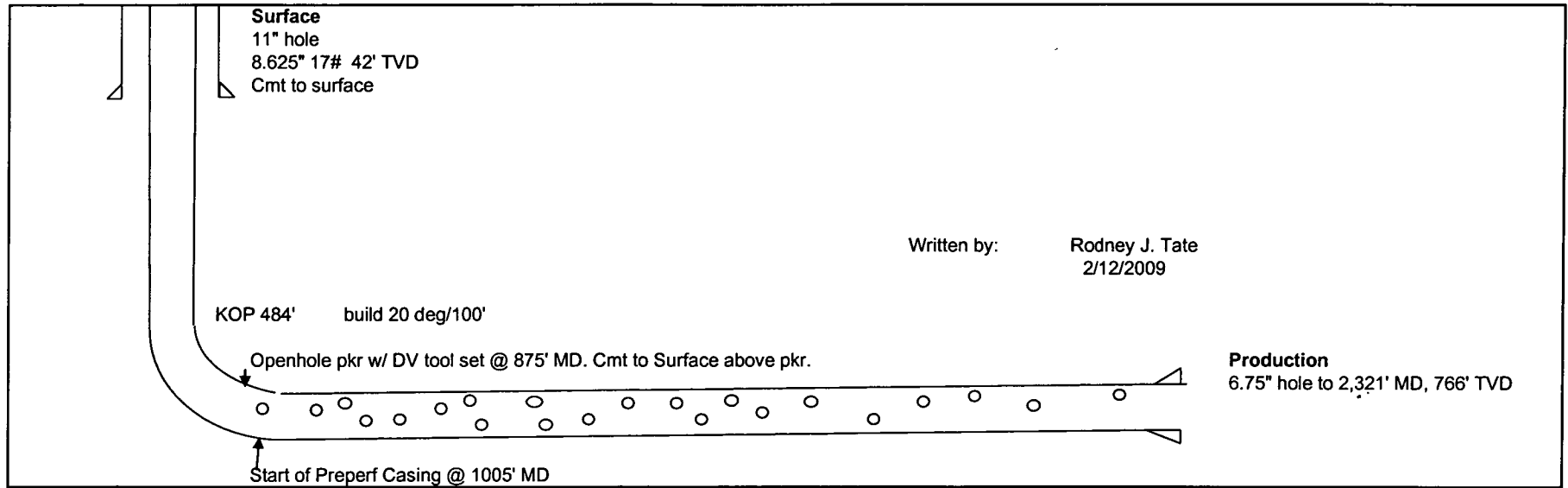
| | | | |
|-----------------------|-------------------------|--|---|
| SCALE 1" = 1000' 1069 | DATE 12/15/08 |  580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872 | FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TUSLA, OK 74119-5415 |
| SHEET 1 OF 1 | DATE REVISED 01/06/09 | | |
| DRAWN BY: D.L. | PROJECT# CLS-08-3388 | | ORDERED BY: RODNEY TATE Actual RT 2/12/09 |
| CHECKED BY: F.W.D | DATE OF SURVEY 12/12/08 | | |

Actual Knisley 32-3 Wellbore Diagram

Actual Surface Loc: NW/4 Sec 32 T33S – R17E, Montgomery Co., KS
 Actual Surface Loc: 2,562' FNL, 940' FWL, ELEV 811'
 Actual Bottomhole Loc: SW/4 Sec 32 T33S – R17E
 Actual Bottomhole Loc, Start of Target: 2,476' FSL, 1,256' FWL Sec 32
 Actual Bottomhole Loc, End of Target: 1,626' FSL, 2,212' FWL Sec 32 Azim 130°
 Actual Lateral Length: 1,277'
 Actual Vertical Section: 1,676'

Horizontal Weir-Pitt Coal

| | Size | Wt | # jts. | Length | MD | TVD |
|--------------------|--------|-------|--------|----------|----------|-----|
| Surface Casing | 8.625" | 20# | NA | 42.00 | 42.00 | 42 |
| Production Casing | 4.5" | 10.5# | 26 | 847.05 | 847.05 | 747 |
| Stage Tool | 4.5" | | | 2.00 | 849.05 | 748 |
| Ann. Csg. Pkr | 4.5" | | | 26.00 | 875.05 | 759 |
| Production Casing | 4.5" | 10.5# | 2 | 65.65 | 940.70 | 773 |
| 4.5" x 3.5" X-over | | | | 0.87 | 941.57 | 774 |
| Blank Liner | 3.5" | 9.3# | 2 | 63.65 | 1,005.22 | 780 |
| Preperf Liner | 3.5" | 9.3# | 39 | 1,250.42 | 2,255.64 | 768 |
| tapered perf liner | 3.5" | 9.3# | 1 | 28.56 | 2,284.20 | 766 |



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Scientific Drilling International

Survey Completion Report

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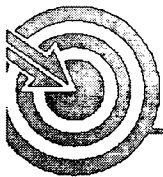
MAY 28 2009

KCC WICHITA
Page: 2

| | | |
|---|--|-----------------------|
| Company: Constellation Energy Partners | Date: 2/12/2009 | Time: 08:41:39 |
| Field: Montgomery County, KS | Co-ordinate(NE) Reference: Well: Knisley 32-3, True North | |
| Site: Section 32 - 32S - 17E | Vertical (TVD) Reference: Knisley 32-3 818.0 | |
| Well: Knisley 32-3 | Section (VS) Reference: Well (0.00N,0.00E,130.00Azi) | |
| Wellpath: Original Wellpath | Survey Calculation Method: Minimum Curvature | Db: Sybase |

Survey

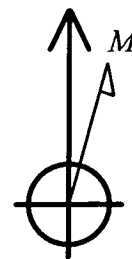
| MD ft | Incl deg | Azim deg | TVD ft | N/S ft | E/W ft | VS ft | DLS deg/100ft | ClsD ft | ClsA deg | Comment |
|----------|-------------|-------------|-----------|-----------|-----------|----------|------------------|------------|-------------|---------|
| 976.0 | 86.40 | 130.76 | 777.9 | -198.8 | 267.2 | 332.4 | 13.25 | 333.0 | 126.65 | |
| 1007.0 | 85.83 | 131.17 | 780.0 | -219.0 | 290.5 | 363.3 | 2.26 | 363.8 | 127.02 | |
| 1028.0 | 84.72 | 131.49 | 781.7 | -232.9 | 306.2 | 384.3 | 5.50 | 384.7 | 127.25 | |
| 1040.0 | 84.72 | 130.96 | 782.9 | -240.7 | 315.2 | 396.2 | 4.40 | 396.6 | 127.37 | |
| 1041.6 | 84.89 | 130.97 | 783.0 | -241.8 | 316.4 | 397.8 | 10.65 | 398.3 | 127.38 | |
| 1071.0 | 88.02 | 131.09 | 784.8 | -261.0 | 338.5 | 427.1 | 10.65 | 427.5 | 127.63 | |
| 1103.0 | 90.97 | 131.37 | 785.1 | -282.1 | 362.6 | 459.1 | 9.26 | 459.4 | 127.88 | |
| 1135.0 | 92.35 | 131.68 | 784.2 | -303.3 | 386.6 | 491.1 | 4.42 | 491.4 | 128.12 | |
| 1166.0 | 92.49 | 131.56 | 782.9 | -323.9 | 409.7 | 522.1 | 0.59 | 522.3 | 128.33 | |
| 1198.0 | 92.49 | 131.71 | 781.5 | -345.1 | 433.6 | 554.0 | 0.47 | 554.2 | 128.52 | |
| 1230.0 | 92.29 | 131.63 | 780.1 | -366.4 | 457.5 | 586.0 | 0.67 | 586.1 | 128.69 | |
| 1261.0 | 91.34 | 131.76 | 779.2 | -387.0 | 480.6 | 616.9 | 3.09 | 617.1 | 128.84 | |
| 1293.0 | 90.71 | 131.87 | 778.6 | -408.3 | 504.5 | 648.9 | 2.00 | 649.0 | 128.99 | |
| 1325.0 | 89.56 | 132.24 | 778.5 | -429.8 | 528.2 | 680.9 | 3.78 | 681.0 | 129.13 | |
| 1356.0 | 88.19 | 132.46 | 779.1 | -450.7 | 551.1 | 711.9 | 4.48 | 711.9 | 129.27 | |
| 1388.0 | 88.93 | 132.01 | 779.9 | -472.2 | 574.8 | 743.8 | 2.71 | 743.9 | 129.40 | |
| 1420.0 | 88.96 | 132.11 | 780.5 | -493.6 | 598.6 | 775.8 | 0.33 | 775.8 | 129.51 | |
| 1451.0 | 90.74 | 132.80 | 780.6 | -514.5 | 621.4 | 806.8 | 6.16 | 806.8 | 129.62 | |
| 1483.0 | 92.72 | 133.32 | 779.6 | -536.4 | 644.8 | 838.7 | 6.40 | 838.7 | 129.75 | |
| 1515.0 | 91.24 | 133.63 | 778.5 | -558.4 | 668.0 | 870.6 | 4.73 | 870.6 | 129.89 | |
| 1546.0 | 90.44 | 133.56 | 778.1 | -579.7 | 690.5 | 901.6 | 2.59 | 901.6 | 130.02 | |
| 1578.0 | 89.80 | 133.32 | 778.0 | -601.7 | 713.7 | 933.5 | 2.14 | 933.5 | 130.13 | |
| 1610.0 | 89.43 | 132.28 | 778.2 | -623.5 | 737.2 | 965.5 | 3.45 | 965.5 | 130.22 | |
| 1641.0 | 90.17 | 131.04 | 778.3 | -644.1 | 760.3 | 996.5 | 4.66 | 996.5 | 130.27 | |
| 1673.0 | 90.81 | 131.34 | 778.0 | -665.1 | 784.4 | 1028.4 | 2.21 | 1028.5 | 130.30 | |
| 1705.0 | 90.67 | 131.88 | 777.6 | -686.4 | 808.3 | 1060.4 | 1.74 | 1060.5 | 130.34 | |
| 1737.0 | 91.14 | 132.42 | 777.1 | -707.9 | 832.1 | 1092.4 | 2.24 | 1092.4 | 130.39 | |
| 1768.0 | 90.54 | 132.33 | 776.7 | -728.8 | 855.0 | 1123.4 | 1.96 | 1123.4 | 130.44 | |
| 1800.0 | 89.97 | 132.10 | 776.5 | -750.3 | 878.7 | 1155.4 | 1.92 | 1155.4 | 130.49 | |
| 1832.0 | 90.17 | 131.66 | 776.5 | -771.6 | 902.5 | 1187.3 | 1.51 | 1187.4 | 130.53 | |
| 1864.0 | 90.47 | 131.36 | 776.3 | -792.8 | 926.5 | 1219.3 | 1.33 | 1219.4 | 130.56 | |
| 1895.0 | 90.60 | 131.28 | 776.0 | -813.3 | 949.7 | 1250.3 | 0.49 | 1250.4 | 130.57 | |
| 1927.0 | 90.54 | 130.94 | 775.7 | -834.3 | 973.8 | 1282.3 | 1.08 | 1282.4 | 130.59 | |
| 1959.0 | 90.30 | 130.74 | 775.5 | -855.3 | 998.0 | 1314.3 | 0.98 | 1314.4 | 130.59 | |
| 1990.0 | 90.27 | 130.73 | 775.3 | -875.5 | 1021.5 | 1345.3 | 0.10 | 1345.4 | 130.60 | |
| 2022.0 | 90.94 | 130.62 | 775.0 | -896.3 | 1045.8 | 1377.3 | 2.12 | 1377.4 | 130.60 | |
| 2054.0 | 91.14 | 130.85 | 774.4 | -917.2 | 1070.1 | 1409.3 | 0.95 | 1409.4 | 130.60 | |
| 2085.0 | 92.19 | 130.71 | 773.5 | -937.5 | 1093.5 | 1440.3 | 3.42 | 1440.4 | 130.61 | |
| 2117.0 | 92.02 | 130.88 | 772.3 | -958.4 | 1117.7 | 1472.2 | 0.75 | 1472.3 | 130.61 | |
| 2149.0 | 92.25 | 130.94 | 771.1 | -979.3 | 1141.9 | 1504.2 | 0.74 | 1504.3 | 130.62 | |
| 2181.0 | 91.91 | 130.82 | 770.0 | -1000.2 | 1166.1 | 1536.2 | 1.13 | 1536.3 | 130.62 | |
| 2213.0 | 92.11 | 130.59 | 768.8 | -1021.1 | 1190.3 | 1568.2 | 0.95 | 1568.3 | 130.62 | |
| 2244.0 | 91.41 | 130.84 | 767.9 | -1041.3 | 1213.8 | 1599.2 | 2.40 | 1599.3 | 130.63 | |
| 2276.0 | 91.82 | 130.67 | 767.0 | -1062.2 | 1238.0 | 1631.1 | 1.39 | 1631.2 | 130.63 | |
| 2321.0 | 90.26 | 130.67 | 766.2 | -1091.5 | 1272.2 | 1676.1 | 3.47 | 1676.2 | 130.63 | |



Scientific Drilling

Constellation Energy Partners

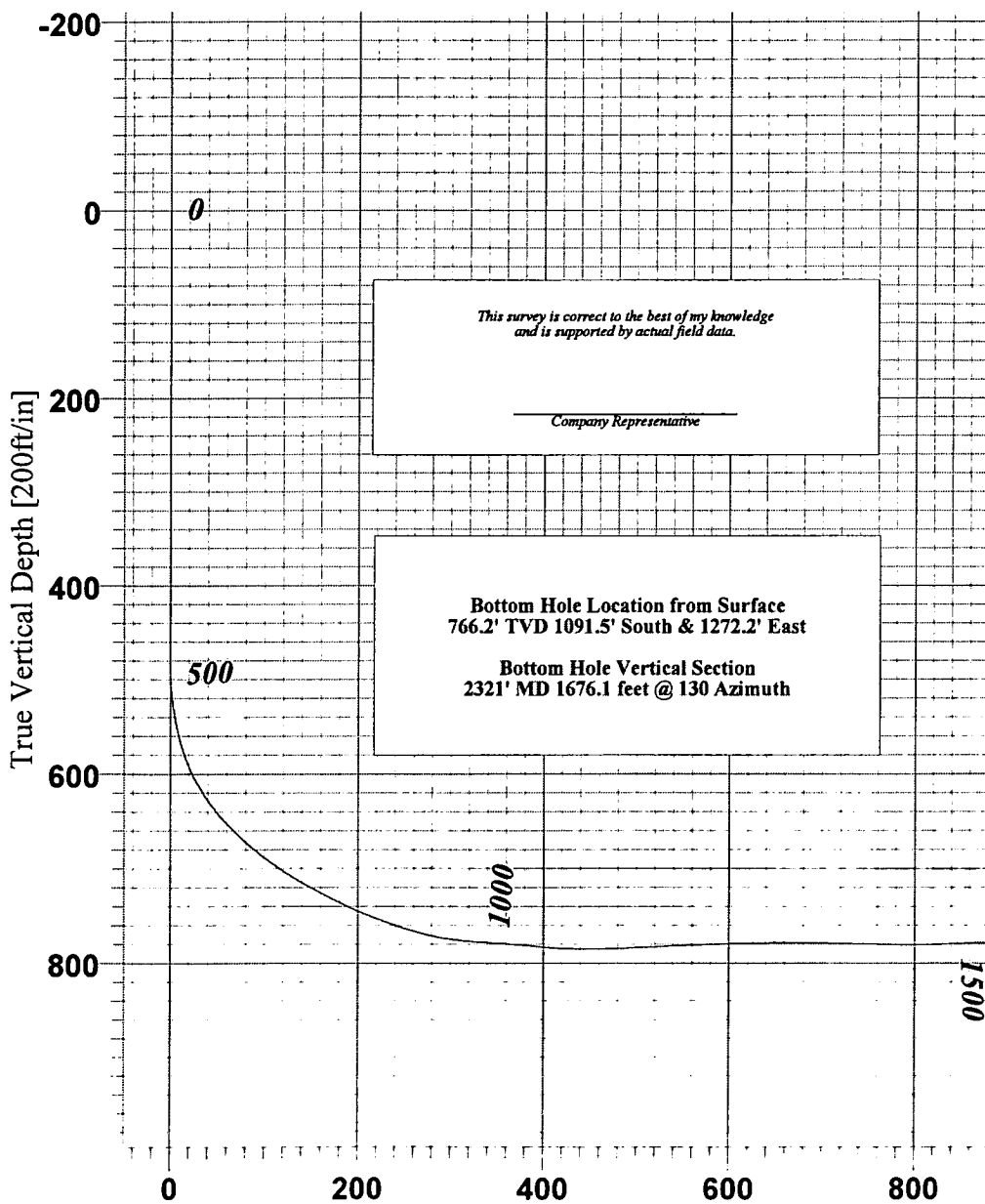
Field: Montgomery County, KS
Site: Section 32 - 32S - 17E
Well: Knisley 32-3
Wellpath: Original Wellpath
Survey: Survey #1



Azimuths to True North
Magnetic North: 3.43

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Magnetic Field
Strength: 52478n
Dip Angle: 65.86
Date: 9/4/200
Model: igrf200

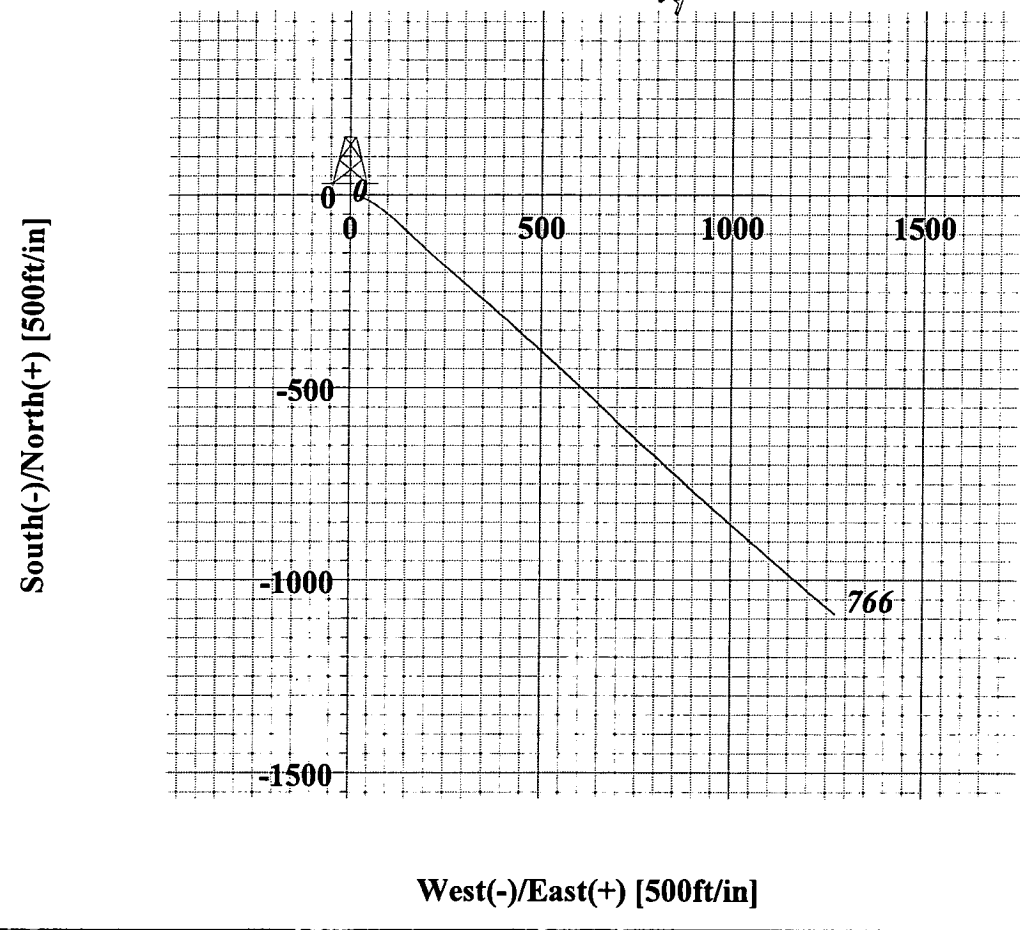


This survey is correct to the best of my knowledge and is supported by actual field data.

Company Representative

Bottom Hole Location from Surface
766.2' TVD 1091.5' South & 1272.2' East

Bottom Hole Vertical Section
2321' MD 1676.1 feet @ 130 Azimuth





CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 21483
LOCATION Barkesville
FOREMAN Jason Bell

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------------------|------------|--------------------|---------|----------|---------|--------|
| 2-9-09 | 3115 | Knisley 32-3 | | | | McM. |
| CUSTOMER C.E.P. | | | TRUCK # | | | |
| MAILING ADDRESS | | | DRIVER | | TRUCK # | |
| CITY | | | DRIVER | | TRUCK # | |
| STATE | | | DRIVER | | TRUCK # | |
| ZIP CODE | | | DRIVER | | TRUCK # | |

JOB TYPE L.S. Horz. HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 850 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.1 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.17 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped fresh water established circulation. Tool man and
tin set tool down 90 sec. Heavy mix cement. Shut down cleaned
lines. Loaded 2nd plug Tin pumped to bottom and set with
Tool Man.
- Cement circulated to surface -
Plug down at 3:10 pm.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-------------------------|
| 5401 | 1 | PUMP CHARGE | | 870.00 |
| 5406 | 50 | MILEAGE | | 172.50 |
| 5407 | 1 | bulk truck (ton mileage) | | 311.58 |
| 5402 | 850 | footage | | 161.50 |
| 5621 | 1 | Plug Container | | 188.00 |
| 1104 | 8460# | Class A | | 1,184.40 |
| 1107A | 80# | Pheno | | 86.40 |
| 1118b | 350# | Gel | | 56.00 |
| 1110A | 900# | Kalseal | | 351.00 |
| 1111 | 700# | Salt | | 217.00 |
| 1111A | 100# | metso | | 170.00 |
| 1130 | 22.5# | Diacec RPM | | 116.33 |
| | | | 5.3 * | SALES TAX 115.60 |
| | | | | ESTIMATED TOTAL 4000.31 |

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Ravin 3737

AUTHORIZATION J Bell

TITLE # 228721

DATE _____



CONSOLIDATED
Oil Well Services, LLC

FEB 18 2009

ACCOUNTING

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 228721

Invoice Date: 02/11/2009

Terms:

Page 1

CEP MID-CONTINENT LLC
P.O. BOX 970
SKIATOOK OK 74070
(918)396-0817

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FEB 13 2009
By _____

KNISLEY 32-3
21483
02/09/09

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| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|---------|------------|---------|
| 1104 | CLASS "A" CEMENT | 8460.00 | .1400 | 1184.40 |
| 1107A | PHENOSEAL (M) 40# BAG) | 80.00 | 1.0800 | 86.40 |
| 1118B | PREMIUM GEL / BENTONITE | 350.00 | .1600 | 56.00 |
| 1110A | KOL SEAL (50# BAG) | 900.00 | .3900 | 351.00 |
| 1111 | GRANULATED SALT (50 #) | 700.00 | .3100 | 217.00 |
| 1111A | SODIUM METASILICATE | 100.00 | 1.7000 | 170.00 |
| 1130 | RPM | 22.50 | 5.1700 | 116.33 |

| Description | Hours | Unit Price | Total |
|---------------------------------|--------|------------|--------|
| 460 MIN. BULK DELIVERY | 1.00 | 311.58 | 311.58 |
| 492 CEMENT PUMP | 1.00 | 870.00 | 870.00 |
| 492 EQUIPMENT MILEAGE (ONE WAY) | 50.00 | 3.45 | 172.50 |
| 492 CASING FOOTAGE | 850.00 | .19 | 161.50 |
| PLUG 4 1/2" PLUG CONTAINER | 1.00 | 188.00 | 188.00 |

IMMEDIATE

| Account # | Property | Amount | AFE | SV |
|-----------|----------|---------|----------|------|
| 1927208 | 150188 | 3600.28 | 4408/482 | 2/09 |

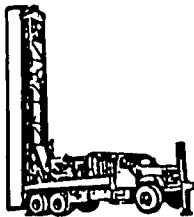
Reviewed by [Signature]
 Approved by _____
 Approved by _____
 Date Paid _____
 Check No. _____

VENDOR # 10046
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 2181.13 | Freight: | .00 | Tax: | 115.60 | AR | 4000.31 |
| Labor: | .00 | Misc: | .00 | Total: | 4000.31 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

DISCOUNT 400.03

Signed _____ Date 3600.28



PENSE BROS. DRILLING CO., INC.

654 W. 138th Street, - P.O. Box 760
Glenpool, OK 74033
Phone: 918-322-3095
FAX: 918-322-3829

6328

Date February 9, 2009

CEP Mid-Continent
P.O. Box 970
Skiatook, OK 74070

RECEIVED
MAY 28 2009
KCC WICHITA

MAIL TO
DATE
FEB 18 2009
ACCOUNTING

FEB 16 2009

Knisley
Well #32-3

| | | | |
|----|--|---------|-----------------|
| 16 | Hours rigtime @ \$510.00/hr. (drilling) | 2-07-09 | \$ 8,160.00 |
| 24 | Hours rigtime @ \$510.00/hr. (drilling) | 2-08-09 | 12,240.00 |
| 20 | Hours rigtime @ \$510.00/hr. (drilling) | 2-09-09 | 10,200.00 |
| | Fuel 2-07-09 | | <u>2,885.22</u> |
| | Amount Due | | \$33,485.22 |

TERMS: NET 10 DAYS. AFTER 30 DAYS A
FINANCE CHARGE OF 1 1/2% PER MONTH,

| Account # | Property | Amount | A/E | SV | DATE RATE |
|-----------|----------|----------|---------|-------|-----------|
| 11927202 | 150188 | 33485.22 | 4681482 | 2/9 | PAST DUE |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| VENDOR # | 10897 | | | | ing |

Reviewed by [Signature]
Approved by [Signature]
Check No. _____

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE 033

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

7338?

P.O. Box 551

Fredericktown, MO 63645

Rig# 34 Well# 32-3

Date: 02-07-09 Interval From: To:

Start Time 8:00 AM Finish Time 8:00 AM Day of the Week: SAT

Customer/Operator: CER

Location/State: County:

EMPLOYEE: EQUIPMENT
Toolpusher: Jerry Stanton
Driller: Jacobo Guerrero
Helper: Pablo Vazquez
Helper: Jose A Novella
Helper: Ricky Smith
Booster #:
Compressor #:
Compressor #:
Other: 283
Other: 284

Hammer: Hammer Bit: Tri-cone Bit:
Make: Size SN: Make: Model: SN: Make: Model: IADC#

Intake Pressure: Intermediate Pressure: Discharge Pressure: KCC WICHITA

Safety Checklist (Employee initials)
Pre-shift safety meeting/discussion
Engine oil levels
Coolant levels
Hydraulic fluid levels
Hoisting chains/cables
Handrails
Winch Lines
Pipe clamp/Clevises tight
Pipe clamp sling
Pipe clamp hook
Housekeeping check
Generator connections
Body harness
Fuel/Oil/Fluid Leaks
Pipe Trailer Organized
Tools Organized
Fire Extinguishers
First Aid Kit
Personal Safety Equipment
MSDS-sheets
SPCC-sheets
Light tower check
Extension cords
Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher: Jerry Stanton
Driller: Jacobo Guerrero
Helper: Jose A Novella
Helper: Pablo Vazquez
Helper: Ricky Smith

If an employee was injured during this shift, please fill out this section.

Name of injured Employee: Injured Emp. Signature:

Description of incident:

Table with 4 columns: Time, Operation/Activity, Depth, Pressure.
6-7: 15 Corl corrosion IN
8-9: Safety meetings pick up tools
9-10: Lay Down rig move equipment
10-11: move equipment 8:00-4:00
11-12: move equipment
12-1: set rig set B.O.P
1-2: set equipment
2-3: Load Down tools
3-4: Hook up hoses & put on handrails
4-5: etc pick up tools
5-6: Scientific tools up rig up Tally Pipe
6-7: IN Doing Survey
7-8: Doing Survey trip out

Surface Pipe-Tally
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44
45
Total

Handwritten notes: KCC WICHITA

Pense Bros. Drilling Co., Inc.
P.O: Box 551
Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

73383
KNISLEY

Rig# 24 Well# 32-3
Date: 02-07-09 Interval From: _____ To: _____
Day of the Week: Sat.
Customer/Operator: CEP
Location/State: KS County: Montgomery

Start Time 8:00 PM Finish Time 8:00 AM
 Noon to Midnight Midnight to Noon

| Surface Pipe-Tally |
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| 42 |
| 43 |
| 44 |
| 45 |
| Total |

can my 6/20/09

| EMPLOYEE: | EQUIPMENT |
|---------------------------------|--------------------|
| Toolpusher <u>Jim Casselman</u> | Booster # _____ |
| Driller <u>José Pedraza</u> | Compressor # _____ |
| Helper <u>Rogelio Gomez</u> | Compressor # _____ |
| Helper <u>Joe Napier</u> | Other <u>283</u> |
| Helper <u>Oscar Pedraza</u> | Other <u>284</u> |
| Other _____ | Other _____ |

| Hammer: | Hammer Bit: | Tri-cone Bit: |
|------------|-------------|--------------------------|
| Make _____ | Make _____ | Make <u>RECEIVED</u> |
| Size _____ | Model _____ | Model _____ |
| SN _____ | Choke _____ | IADC# <u>MAY 28 2009</u> |
| | SN _____ | |

Intake Pressure: _____ Intermediate Pressure: _____ Discharge Pressure: KCC WICHITA

Safety Checklist (Employee initials) _____ (Employee initials) _____

| | |
|---|---|
| <input checked="" type="checkbox"/> Pre-shift safety meeting/discussion | <input checked="" type="checkbox"/> Body harness |
| <input checked="" type="checkbox"/> Engine oil levels | <input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks |
| <input checked="" type="checkbox"/> Coolant levels | <input checked="" type="checkbox"/> Pipe Trailer Organized |
| <input checked="" type="checkbox"/> Hydraulic fluid levels | <input checked="" type="checkbox"/> Tools Organized |
| <input checked="" type="checkbox"/> Hoisting chains/cables | <input checked="" type="checkbox"/> Fire Extinguishers |
| <input checked="" type="checkbox"/> Handrails | <input checked="" type="checkbox"/> First Aid Kit |
| <input checked="" type="checkbox"/> Winch Lines | <input checked="" type="checkbox"/> Personal Safety Equipment |
| <input checked="" type="checkbox"/> Pipe clamp/Clevises tight | <input checked="" type="checkbox"/> MSDS-sheets |
| <input checked="" type="checkbox"/> Pipe clamp sling | <input checked="" type="checkbox"/> SPCC-sheets |
| <input checked="" type="checkbox"/> Pipe clamp hook | <input checked="" type="checkbox"/> Light tower check |
| <input checked="" type="checkbox"/> Housekeeping check | <input checked="" type="checkbox"/> Extension cords |
| <input checked="" type="checkbox"/> Generator connections | <input checked="" type="checkbox"/> Emergency #'s/procedures |

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____
All Employees must sign at the end of their shift (if they are not injured)
Statement: I confirm that I was not injured while on my shift.

Toolpusher _____ Helper Joe Napier
Driller José Pedraza Helper _____
Helper Rogelio Gomez Contractor _____

If an employee was injured during this shift, please fill out this section.

| Name of injured Employee | Injured Emp. Signature |
|--------------------------|------------------------|
| _____ | _____ |

Description of incident _____

| Time | Operation/Activity | Depth | Pressure |
|-------|--|--------------|------------|
| 6-7 | <u>1 Gal. Polymer</u> | | |
| 7-8 | | | |
| 8-9 | <u>safety meeting, lay down scientific tools</u> | | |
| 9-10 | <u>work on scientific tools, scientific tools Rig up</u> | | |
| 10-11 | <u>Tripen Bottom 489', start circulate 10:30 pm</u> | <u>513'</u> | <u>900</u> |
| 11-12 | <u>Drilling 6 3/4</u> | <u>576'</u> | <u>900</u> |
| 12-1 | <u>Drilling 6 3/4</u> | <u>671'</u> | <u>900</u> |
| 1-2 | <u>Drilling 6 3/4</u> | <u>734'</u> | <u>900</u> |
| 2-3 | <u>Drilling 6 3/4</u> | <u>797'</u> | <u>900</u> |
| 3-4 | <u>Drilling 6 3/4</u> | <u>844'</u> | <u>900</u> |
| 4-5 | <u>Drilling 6 3/4</u> | <u>897'</u> | <u>900</u> |
| 5-6 | <u>Drilling 6 3/4</u> | <u>932'</u> | <u>900</u> |
| 6-7 | <u>Drilling 6 3/4</u> | <u>988'</u> | <u>900</u> |
| 7-8 | <u>Drilling 6 3/4</u> | <u>1051'</u> | <u>900</u> |

M

Pense Bros. Drilling Co., Inc.
 P.O. Box 551
 Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

7338A
 KNISLEY

Rig# 24 Well# 32-3
 Date: 2-8-09 Interval From: _____ To: _____
 Day of the Week: SUN
 Customer/Operator: CER
 Location/State: KS County: Montgomery

Start Time 8:00 AM Finish Time 8:00 PM
 Noon to Midnight Midnight to Noon

Surface
 Pipe-Tally

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| 42 |
| 43 |
| 44 |
| 45 |
| Total |

EMPLOYEE:
 Toolpusher Jerry Stanton
 Driller Jacobo Guessere
 Helper Jose A Novella
 Helper Pablo Vozquez
 Helper Ricky Smith
 Other _____

EQUIPMENT:
 Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other 284
 Other _____

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: 6 3/4
 Make _____ Make _____ Make Reed
 Size _____ Model _____ Model SL51
 SN _____ Choke _____ IADC# _____
 SN _____ SN _____

Intake Pressure: _____ Intermediate Pressure: _____ Discharge Pressure: _____

Safety Checklist (Employee initials) _____ (Employee initials) _____

| | |
|---|---|
| <input checked="" type="checkbox"/> Pre-shift safety meeting/discussion | <input checked="" type="checkbox"/> Body harness |
| <input checked="" type="checkbox"/> Engine oil levels | <input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks |
| <input checked="" type="checkbox"/> Coolant levels | <input checked="" type="checkbox"/> Pipe Trailer Organized |
| <input checked="" type="checkbox"/> Hydraulic fluid levels | <input checked="" type="checkbox"/> Tools Organized |
| <input checked="" type="checkbox"/> Hoisting chains/cables | <input checked="" type="checkbox"/> Fire Extinguishers |
| <input checked="" type="checkbox"/> Handrails | <input checked="" type="checkbox"/> First Aid Kit |
| <input checked="" type="checkbox"/> Winch Lines | <input checked="" type="checkbox"/> Personal Safety Equipment |
| <input checked="" type="checkbox"/> Pipe clamp/Clevises tight | <input checked="" type="checkbox"/> MSDS-sheets |
| <input checked="" type="checkbox"/> Pipe clamp sling | <input checked="" type="checkbox"/> SPCC-sheets |
| <input checked="" type="checkbox"/> Pipe clamp hook | <input checked="" type="checkbox"/> Light tower check |
| <input checked="" type="checkbox"/> Housekeeping check | <input checked="" type="checkbox"/> Extension cords |
| <input checked="" type="checkbox"/> Generator connections | <input checked="" type="checkbox"/> Emergency #'s/procedures |

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____
 All Employees must sign at the end of their shift (if they are not injured)
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper Pablo Vozquez
 Driller Jacobo Guessere Helper Ricky Smith
 Helper Jose A Novella Contractor _____

RECEIVED

If an employee was injured during this shift, please fill out this section.
 Injured _____ Emp. Signature _____
 Name of injured Employee _____
 Description of incident _____

| Time | Operation/Activity | Depth | Pressure |
|-------|--------------------------------------|-------|----------|
| 6-7 | 5 Gal corrosion in | | |
| 7-8 | 1 Gal Polymex | | |
| 8-9 | Safety meeting Drilling 6 3/4 motor | 1073 | 900 |
| 9-10 | trip out | | |
| 10-11 | lay down scientific tools w.o.R. | | |
| 11-12 | scientific tools up | | |
| 12-1 | trip in | | |
| 1-2 | Drilling 6 3/4 1:00 drilling Lateral | 1100 | 900 |
| 2-3 | Drilling 6 3/4 | 1180 | 900 |
| 3-4 | Drilling 6 3/4 | 1277 | 900 |
| 4-5 | Drilling 6 3/4 | 1320 | 900 |
| 5-6 | Drilling 6 3/4 | 1400 | 900 |
| 6-7 | Drilling 6 3/4 | 1465 | 900 |
| 7-8 | Drilling 6 3/4 | 1558 | 900 |

Ken
 6/04/09

KCC WICHITA

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

73385
KNISLEY

P.O. Box 551

Rig# 24 Well# 32-3

Fredericktown, MO 63645

Date: 02-08-09 Interval From: To:

Start AM Finish (AM)

Day of the Week: SUN

Time 8:00 (PM) Time 3:00 PM

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Casselman
Driller Jose Pedraza
Helper Rangelio Gomez
Helper Joe Napier
Helper Oscar Pedraza
Other

Booster #
Compressor #
Compressor #
Other 283
Other 284
Other

Hammer: Make Size SN

Hammer Bit: Make Model Choke SN

Tri-cone Bit: Make Model IADC#

Intake Pressure:

Intermediate Pressure:

Discharge Pressure:

Safety Checklist

(Employee initials)

(Employee initials)

- Pre-shift safety meeting/discussion
Engine oil levels
Coolant levels
Hydraulic fluid levels
Hoisting chains/cables
Handrails
Winch Lines
Pipe clamp/Clevises tight
Pipe clamp sling
Pipe clamp hook
Housekeeping check
Generator connections
Body harness
Fuel/Oil/Fluid Leaks
Pipe Trailer Organized
Tools Organized
Fire Extinguishers
First Aid Kit
Personal Safety Equipment
MSDS-sheets
SPCC-sheets
Light tower check
Extension cords
Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher

Helper Joe Napier

RECEIVED

Driller Jose Pedraza

Helper

MAY 28 2009

Helper Rangelio Gomez

Contractor

KCC WICHITA

If an employee was injured during this shift, please fill out this section.

Name of injured Employee

Injured

Emp. Signature

Total

Description of incident

Table with 4 columns: Time, Operation/Activity, Depth, Pressure. Includes entries for 2 Gal. Polymer, safety meeting, drilling at various depths (1640' to 2226'), and tripout.

Handwritten signature/initials on the right margin.

Pense Bros. Drilling Co., Inc.
 P.O. Box 551
 Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

73386
 KNISLEY

Rig# 24 Well# 32-3
 Date: 02-27-09 Interval From: _____ To: _____
 Day of the Week: MON
 Customer/Operator: CEP
 Location/State: KS County: MORGAN

| Surface |
|------------|
| Pipe-Tally |
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| 43 |
| 44 |
| 45 |
| Total |

can
 in
 02/27/09

Start Time 8:00 ^{AM} Finish Time 8:00 AM
 Noon to Midnight Midnight to Noon

EMPLOYEE:

Toolpusher Terry Stanton
 Driller Jacobo Guerrero
 Helper Jose A Novella
 Helper Rosio Vazquez
 Helper Ricky Smith
 Other _____

EQUIPMENT

Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other 284
 Other _____

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: _____
 Make _____ Make _____ Make _____
 Size _____ Model _____ Model _____
 SN _____ Choke _____ IADC# _____
 SN _____

Intake Pressure: _____ Intermediate Pressure: _____ Discharge Pressure: _____

Safety Checklist (Employee Initials) _____ (Employee Initials) _____

| | | | |
|---|-------|---|-------|
| <input checked="" type="checkbox"/> Pre-shift safety meeting/discussion | _____ | <input checked="" type="checkbox"/> Body harness | _____ |
| <input checked="" type="checkbox"/> Engine oil levels | _____ | <input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks | _____ |
| <input checked="" type="checkbox"/> Coolant levels | _____ | <input checked="" type="checkbox"/> Pipe Trailer Organized | _____ |
| <input checked="" type="checkbox"/> Hydraulic fluid levels | _____ | <input checked="" type="checkbox"/> Tools Organized | _____ |
| <input checked="" type="checkbox"/> Hoisting chains/cables | _____ | <input checked="" type="checkbox"/> Fire Extinguishers | _____ |
| <input checked="" type="checkbox"/> Handrails | _____ | <input checked="" type="checkbox"/> First Aid Kit | _____ |
| <input checked="" type="checkbox"/> Winch Lines | _____ | <input checked="" type="checkbox"/> Personal Safety Equipment | _____ |
| <input checked="" type="checkbox"/> Pipe clamp/Clevises tight | _____ | <input checked="" type="checkbox"/> MSDS-sheets | _____ |
| <input checked="" type="checkbox"/> Pipe clamp sling | _____ | <input checked="" type="checkbox"/> SPCC-sheets | _____ |
| <input checked="" type="checkbox"/> Pipe clamp hook | _____ | <input checked="" type="checkbox"/> Light tower check | _____ |
| <input checked="" type="checkbox"/> Housekeeping check | _____ | <input checked="" type="checkbox"/> Extension cords | _____ |
| <input checked="" type="checkbox"/> Generator connections | _____ | <input checked="" type="checkbox"/> Emergency #'s/procedures | _____ |

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____
 All Employees must sign at the end of their shift (if they are not injured)
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Terry Stanton Helper Rosio Vazquez
 Driller Jacobo Guerrero Helper Ricky Smith
 Helper Jose A Novella Contractor _____

RECEIVED
 MAY 28 2009
 KCC WICHITA

If an employee was injured during this shift, please fill out this section.

Name of injured Employee _____ Injured Emp. Signature _____

Description of incident _____

| Time | Operation/Activity | Depth | Pressure |
|-------|--|-------|----------|
| 6-7 | | | |
| 7-8 | | | |
| 8-9 | Safety meeting Lay Down Scientific Tools | | |
| 9-10 | W O CASING Pick up hoses | | |
| 10-11 | W O CASING ran 3 1/2 casing | | |
| 11-12 | ran 3 1/2 casing X over | | |
| 12-1 | Stolly pipe ran 4 1/2 casing | | |
| 1-2 | ran 4 1/2 casing | | |
| 2-3 | pick up tools org Down move equipment | | |
| 3-4 | move equipment | | |
| 4-5 | move equipment | | |
| 5-6 | stac set equipment | | |
| 6-7 | set equipment | | |
| 7-8 | set equipment | | |



Scientific Drilling Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston Texas 77073
Tel: 281-443-3300 • Fax 281-443-3311

Remit to:
P.O. Box 200195
Houston, Texas 77216-0195

INVOICE

130034

RECEIVED
APR 02 2009
MAIL TO DATE
APR 07 2009
ACCOUNTING

Subject to terms and conditions on reverse.

S
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Amvest Osage Inc
P.O. Box 970
Skiatook OK 74070

353690

3/30/2009

Page: 1

Customer Order No. PENSE MONTGOMERY CO, KS
Location or Shipped TKNISLEY 32-3
Well Name and No.

Work Order # 137972A
Job No. 34H0209075

| Account # | Property | Amount | AFE | SV | | | |
|---|----------|--------|-----|----|---|------|----------|
| ADD BILL WO#137972 INV#352931 | | | | | \$0.00 | 1.00 | \$0.00 |
| EASLEY COMM #2896 | | | | | \$258.44 | 1.00 | \$258.44 |
| | | | | | <p>RECEIVED MAY 28 2009 KCC WICHITA</p> | | |
| <p>Reviewed by <u>[Signature]</u></p> <p>Approved by <u>[Signature]</u></p> <p>Approved by <u>[Signature]</u></p> <p>Date Paid _____</p> <p>Check No. _____</p> | | | | | | | |
| <p>VENDOR # <u>10939</u></p> <p>NSE 986 <u>CEP 976</u> MCOS 985 IMMEDIATE OVERNITE</p> | | | | | | | |
| <p>Subtotal \$258.44</p> <p>Misc \$0.00</p> <p>Tax \$0.00</p> <p>Credits \$0.00</p> <hr/> <p>Total \$258.44</p> | | | | | | | |
| <p>Terms from Document Date: Net 30 95-2670371</p> | | | | | | | |

Easley Communications

320 East Wyandotte
 McAlester, OK 74501

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 3/20/2009 | 2896 |

| |
|--|
| Bill To |
| Scientific Drilling 421 S. Eagle Ln. Oklahoma City, OK 73128 |

| | | |
|----------|-------|---------|
| P.O. No. | Terms | Project |
| | | |

| Qty | Description | Rate | Amount |
|-----|---|--------|--------|
| | Kinsley 32-3 Pense Bro 24 Job # 34H0209075 | | |
| 1 | Rig Up | 150.00 | 150.00 |
| 2 | Communications 2-7-09 thru 2-8-09 Internet, Cell Phone Booster | 65.00 | 130.00 |
| | Minus 10% | -28.00 | -28.00 |
| 1 | Sales Tax | 6.44 | 6.44 |

Constellation

RECEIVED
 MAY 28 2009
 KCC WICHITA

We at Easley Communications would like to thank you for your business. We value the relationship we have built with you and your continued business is important to us. Please let us know if there is anything we can do to better service your account.

| | |
|-------------------------|----------|
| Subtotal | \$258.44 |
| Sales Tax (9.0%) | \$0.00 |
| Total | \$258.44 |
| Payments/Credits | \$0.00 |
| Balance Due | \$258.44 |



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston, Texas 77079
Tel: 281-443-3300 • Fax: 281-443-3311

137972

WORK ORDER PAGE 1 OF 1

COPY

| | | | | |
|----------------------------------|--------|---------------------|------------------------------|--|
| CUSTOMER NAME & BILLING ADDRESS: | | SDI CUSTOMER # | JOB NUMBER | CUSTOMER P.O. / AFE |
| Amvest-Constellation | | 130034 | 34H0209075 | |
| P.O. Box 970 | | | JOB START 7 Feb 09 TIME 0000 | |
| Skiatook, Oklahoma 74070 | | | JOB END 9 Feb 09 TIME 1200 | |
| CUSTOMER WELL NAME & NUMBER | | RIG NAME AND NUMBER | | THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. |
| Knisley 32-3 | | Pense 24 | | |
| CITY | COUNTY | STATE | LEASE OR BLOCK | |
| Montgomery Co., KS | | | | SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE |

| ACCT CODE | SERIAL # | SERVICE OR EQUIPMENT DESCRIPTION | DATE OUT | DATE IN | PRICE | QUANTITY | UNIT | TOTAL |
|-----------|----------|--|----------|---------|----------|----------|-----------|---------|
| | | HORIZONTAL DRILLING PACKAGE* | | | 7,800.00 | | DAY | |
| | | <small>Includes 2 Supervisors, Living Expenses, Misc. Subs, MISC. Downhole Motors, E-Field System w/Operators.</small> | | | | | | |
| | | Stand By Charges | | | 4,100.00 | 2 | day | 8200.- |
| | | Computer Services | | | 500.00 | 1 | well | 500.00 |
| | | Long Wire E-Field (1st Day) | | | 4,000.00 | | day | |
| | | Long Wire E-Field (each additional day) | | | 1,000.00 | | day | |
| | | Instrumentation Battery Charge | | | 600.00 | 5 | each batt | 3000.00 |
| | | Motor Inspection | | | 850.00 | 2 | tool | 1700.00 |
| | | End Of Well Books (over 4) | | | 100.00 | | each | |
| | | Gamma Logs (Over 4) | | | 50.00 | | each | |
| | | Mileage: Man/Mile Round Trip | | | 2.00 | | mile | |
| | | Floats (Sale Item) | | | 650.00 | 1 | each | 650.00 |
| | | Smart Motor Charge | | | 3,500.00 | 2 | day | 7000.00 |
| | | INSPECTION-DIS# 13371 | | | | | | 760.- |

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

| ACCT CODE | OPERATOR | EMPL # | DAYS | 215 AMOUNT | 216 OBP | TAX CODE | SUB-TOTAL |
|-----------|--------------------|--------|------|-------------------|---------|----------|----------------------------|
| | pay sheet attached | | | | | | \$29610.- |
| | | | | 34-204-114-1340.- | | | |
| | 34-204-110-600.- | | | | | | TOTAL INVOICE AMT. 29610.- |
| | 34-204-110-8624.- | | | | | | SDI FIELD REPRESENTATIVE |
| | 34-204-110-7324.- | | | | | | SDI DISTRICT MANAGER |
| | 34-204-111-3310.- | | | | | | Ronald Jh |
| | 34-204-114-650.- | | | | | | |
| | 34-204-113-7000.- | | | | | | DIRECTIONAL COMPANY |
| | 34-204-115-760.- | | | | | | |

DISTRICT